Disparities in Telehealth Accessibility & Efforts to Overcome the Digital Divide

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Growth in telehealth usage peaked during April 2020 but has since stabilized.

Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)

Outcomes
Satisfaction
Efficiency
Cost

1 Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and psychiatry inpatient claims; excludes certain low-volume specialties.

Source: Compile database; McKinsey analysis

McKinsey & Company
Technology Access

- At least 21 million in US lack broadband access
- Digital divide primarily affects underserved patients incl rural
- Device access - although 81% US population owns smartphone gaps exist across literacy & socioeconomic status & other devices
- Mobile-first populations rely solely on device for internet access largely from racial/ethnic minorities = opportunities for patients who also tend to have worse health outcome
Digital Health Literacy

• Degree patient can obtain, process, understand digital services & information

• Apps, info, portals etc. widely available but lacking literacy = barrier to understanding complex security safeguards, privacy policies & proper/effective use

• Need adequate literacy & educational supports but often not in place
Inclusive Designs

• Complex user interfaces & data entry burden
• User-centered designs driven by understanding & evaluation users, tasks, context, environment lacking
• Lack focus on culture, literacy, numeracy limit benefits increased data access & worsen inequities
• Language barriers exacerbate
What Can We Do?

- **Govt**: Promote interoperability, enact policies favorable to digital health, further efforts like National CLAS Standards: Culturally & Linguistically Appropriate Services in Health & Health Care
- **Vendors**: develop linguistically & culturally tailored digital tools & engage researchers & patients in usability evaluations – one size doesn’t fit all
- **Institutions**: Invest portals/apps address needs underserved, track digital use & demographics, educate patients, integrate TH into workflows
- **Clinical teams**: Offer & encourage digital options to all
- **Patients**: Advocate & get involved
Exhibit 1:
A Framework for Eliminating Health Disparities Using Telehealth
Think Creatively!

• Device loans – lots of grants, foundations etc. support
• Community hot-spot options for awareness & access – libraries, community centers, spiritual partners, homeless shelters, volunteers, stare fairs, local events
• Involve trainees – great source energy, creativity & motivation
• Need to think broader than race, age, gender – disabilities, mobility, home situation (abuse) when thinking about TH use & adapting resources/tools to different populations
• Can’t just ask do you have smartphone & broadband – more nuanced – how old is smartphone, how many others in house using broadband, type data plan (may prefer Netflix over TH visit!)
• Need to consider patient-provider ecosystem not just separate pieces
Resources

• National Digital Equity Center https://digitalequitycenter.org/

• National CLAS Standards: Culturally & Linguistically Appropriate Services in Health & Health Care https://thinkculturalhealth.hhs.gov/clas


• CDC https://www.cdc.gov/healthequity/features/reach-health-equity/index.html

• ATA Framework for Eliminating Health Disparities Using Telehealth https://www.americantelemed.org/resources/a-framework-for-eliminating-health-disparities-using-telehealth/
Thank you!

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